



Office *of the* Governor  
JOHN BEL EDWARDS



# CHALLENGES MET. PROGRESS DELIVERED.

Louisiana Department of Health, 2016–2023

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# 01

## Introduction

### Message from LDH Secretary Stephen Russo

Governor John Bel Edwards' administration pursued an ambitious agenda and led effective, data-driven responses to multiple crises, all with an unwavering commitment to health equity. Through expanding Medicaid, responding to the COVID-19 pandemic, and increasing access to a range of critical health services, the Louisiana Department of Health has placed health equity at the center of all that we do. By relying on science and evidence, forging and deepening key partnerships, and "meeting people where they are," we have saved and improved countless lives.

Louisiana has long ranked at the bottom of lists evaluating health and well-being. Expanding Medicaid in 2016 was the first, most momentous step in the right direction, and stands as a testament to our commitment to providing affordable healthcare for all. This bold decision by Gov. Edwards extended access to essential medical services for hundreds of thousands of previously uninsured individuals and families, promoting better health outcomes and creating a more equitable healthcare system.

This key decision in Gov. Edwards' first year ensured a total of 1.6 million Louisianans had access to health coverage when one of the biggest public health crises of our time swept the globe.

In response to the unprecedented challenges posed by the COVID-19 pandemic, Louisiana acted decisively to preserve human life, slow the spread of the virus, and reduce health disparities. We rapidly implemented data-driven strategies, partnered with community leaders, and ensured equitable access to testing, treatment, and vaccines, prioritizing the needs of vulnerable groups and leaving no one behind. These intentional, innovative efforts have led to Louisiana becoming a national leader in advancing vaccine equity.

COVID-19 exacerbated many already pressing health issues in Louisiana, including opioid use disorder and mental health. Recognizing the urgent need, LDH has prioritized the expansion of behavioral health services, including increasing access to naloxone to combat opioid overdose deaths, implementing a new statewide crisis response system, and introducing new and additional initiatives focused on improved access to early childhood, adolescent, and family behavioral health services.

Addressing the leading preventable causes of maternal mortality in Louisiana, which has one of the highest rates in the nation, also has been a key focus. In working with hospitals on continuous quality improvement related to perinatal and neonatal outcomes, we have reduced severe outcomes due to hypertension and hemorrhage – the two leading causes of preventable maternal deaths – as well as racial disparities. We have expanded supports for new mothers in Louisiana, including extending postpartum Medicaid coverage from six weeks to 12 months and increasing peer-to-peer breastfeeding counselor coverage for WIC participants.

Gov. Edwards was met with extreme challenges in his 8-year administration, and he met these challenges head on. It has been an honor to serve this administration and lead the LDH team. While we have made crucial progress in laying the foundation for improved health outcomes, there is still much work to be done. Together, with continued investments in public health's infrastructure and a reaffirmation of our commitment to science and health equity, we can build a healthier and more prosperous Louisiana for generations to come.

# “

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### Executive Summary

This Report details LDH's major progress and responses to crises over the course of Gov. Edwards' administration (2016-2023). One of the biggest accomplishments was achieved in the first year – the expansion of Medicaid. The data clearly show the transformative impact of expansion on access to healthcare: In 2015, 22.7% of Louisiana adults were uninsured; in 2017, one year after expansion, the uninsured rate was slashed in half (11.4%). Thanks to Medicaid expansion, we know that more than 600,000 adults have health coverage who otherwise would not, and more than 650,000 adults have visited a doctor and received new patient or preventive healthcare services. Other major areas in which we have made progress include expanding access to health services and addressing pressing health concerns like maternal mortality, behavioral health, and our state's drinking water infrastructure.

In addition to implementing an ambitious health policy agenda, LDH played a key role in the responses to multiple, often coinciding disasters over the course of the administration. This included leading the responses to the drinking water emergency in St. Joseph in 2016, the COVID-19 pandemic in 2020-present, the infant formula recall in 2022, and the mpox outbreak in 2022, as well as supporting the responses to the 2016 flood and hurricanes Laura, Delta, Zeta, and Ida. Included in the following report is a chronological timeline of progress delivered and challenges met as well as four stories of success, information on initiatives that are underway, and data on LDH's cumulative impact to date.



# Progress Delivered

# 2016

## Governor Expands Medicaid to Cover More Working Louisianans

In 2010, Congress passed the Affordable Care Act (ACA), which included extending health insurance to more low-income Americans. Under that law, states were given the option to expand Medicaid coverage to more people. Medicaid is the federal government's health insurance program for people experiencing poverty. Before the ACA, single individuals qualified for Medicaid if they earned less than \$12,000 per year. The ACA allowed states to expand eligibility for Medicaid to 138% of the federal poverty level, about \$16,000 per year for a single person.

improved insurance coverage including among vulnerable populations and young adults; increased access to and quality of care; decreased health disparities; increased utilization of services and health outcomes; improved hospital financial performance and improved economic outcomes.

On January 12, 2016, Gov. Edwards signed executive order JBE 16-01 to expand Medicaid coverage to low-income adults in Louisiana beginning on July 1, 2016. Louisiana became the 31st state to expand Medicaid, thus affording several hundred thousand Louisiana adults full Medicaid coverage. Studies show that Medicaid expansion states experienced

To meet the goal of having Medicaid cards in hand for the newly established adult group by July 1, 2016, through partnership with the Department of Children and Families (DCFS) and collaboration with the U.S. Centers for Medicare and Medicaid Services (CMS), Louisiana streamlined enrollment for Supplemental Nutrition Assistance Program (SNAP) recipients.

*Medicaid expansion impact data can be found in Section VI.*

## Louisiana's Money Follows the Person (MFP) Program among Top 10 in the Country

The Money Follows the Person (MFP) rebalancing demonstration, established by Congress through Section 6071 of the Deficit Reduction Act of 2005, enables state Medicaid programs to help Medicaid members who live in institutions transition into the community, and gives people with disabilities and older adults more choice in deciding where to live and to receive long-term supports and services (LTSS).

by 55%. The accomplishment is significant because the Americans with Disabilities Act and the U.S. Supreme Court Olmstead decision hold that individuals with disabilities, including older people, have the civil right to live in the least restrictive setting of their choice. Louisiana's MFP program is one way of assuring that right.

Louisiana established its MFP program, My Place Louisiana, in 2009. In 2016, the LDH Office of Aging and Adult Services (OAAS) MFP program was able to exceed its annual benchmark of transitioning 240 nursing facility residents to the community. A total of 372 nursing facility residents were successfully assisted in returning to their desired communities with community-based services in the first year alone, exceeding the goal

Louisiana consistently ranks among the top 10 MFP programs in the country, according to Mathematica, Inc. Between 2016-2022, Louisiana successfully transitioned 2,012 individuals into the community. On a per-person basis, the program also saves taxpayer dollars: A year of community-based services costs on average \$37,500 less than nursing facility services.



*Expanding Medicaid in Louisiana was the easiest big decision I will ever make as Governor.*

# 02

## Legislation

HB 680 ACT 311	Rep. Moreno	Requires healthcare services providers to conduct background checks on prospective employees
SB 106 ACT 270	Sen. Boudreaux	Specifies when a short-form birth certificate card may be purchased
SB 107 ACT 300	Sen. Barrow	Provides for the re-creation of the Department of Health and Hospitals and to change the name to Department of Health
SB 117 ACT 339	Sen. Mills	Provides for the Medicaid Pharmaceutical and Therapeutics Committee

## LDH and DOC Partner to Provide Healthcare Coverage for Newly Released Offenders

Due to Medicaid expansion, LDH and the Louisiana Department of Corrections (DOC) began enrolling individuals slated for release from the state's adult prison facilities into Medicaid, with coverage beginning once the individual's sentence is completed and they transition out of prison. Phase one of the pre-release enrollment initiative was implemented in January 2017 for offenders in the seven DOC state facilities. All enrollees receive their post-release care through one of the managed care organizations (MCOs) and those identified as "high need" are given the option of receiving case management from the MCOs prior to release. From 2017 through 2022, a total of 20,097 individuals have been linked to a health plan through the Pre-release Enrollment Program. It is expected that approximately 3,000 offenders qualify for coverage annually, with about 25% of phase one applicants being identified as "high need" and eligible to participate in case management.

Under Medicaid expansion, states such as Louisiana can use enhanced federal funding to make healthcare coverage available to individuals who are transitioning out of prison. Numerous studies show that access to mental health, substance use, and other healthcare services helps former offenders better integrate back into their communities, lessening the likelihood of these individuals committing future crimes. Nationwide, as well as in Louisiana, offenders enter prison with high rates of mental illness, substance use disorders, chronic health conditions, and infectious diseases. While incarcerated, offenders receive care but studies show that almost no offenders who leave prison have healthcare coverage, nor are they likely to find employment that offers coverage. Because continuity of care is critical to better health, this is an especially vulnerable population.

## Foundation Laid for Establishing Evidence-based Perinatal Quality Collaborative

Birth outcomes in Louisiana have historically been among the worst in the nation: Between 2011 and 2016, about half of all deaths associated with a recent birth were preventable. Perinatal quality collaboratives, or PQC's, are networks of perinatal care providers and public health professionals working to improve health outcomes for women and newborns through continuous quality improvement. Throughout the United States, organizations and individuals with an interest in improving perinatal health outcomes come together to develop these collaboratives to address their concerns.

In 2017, LDH's Bureau of Family Health worked with the Louisiana Commission on Perinatal Care and the Prevention of Infant Mortality and the Institute for Healthcare Improvement (IHI) to begin building capacity and laying the groundwork for the Louisiana Perinatal Quality Collaborative (LaPQC) — a voluntary network of hospitals, providers, public health officials, and birth advocates using improvement science methods to promote the implementation of evidence-based practices to reduce significant factors that contribute to poor birth outcomes. The collaborative also focuses on promoting health equity and reducing racial and ethnic disparities.

## Waitlist for Developmental Disability Waiver Services Eliminated

In 2017, OCDD implemented the Request for Services Registry (RFSR) Prioritization project — revamping the way the office made waiver offers by moving from a first-come-first-serve model to an urgency-of-need model. OCDD worked with stakeholders to develop the Screening for Urgency of Need (SUN) tool and process to conduct statewide screenings of registrants currently on the New Opportunities Waiver (NOW) RFSR and not receiving the Supports Waiver (also known as the waiting list).

As a result, LDH has successfully eliminated a waiting list for services for people with developmental disabilities — there were over 10,000 people on that waiting list, which had existed for 25 years. Prior to this initiative, people with developmental disabilities were facing a wait of up to eight years for services. OCDD has received national recognition for its RFSR Prioritization, tiered waiver, and SUN projects and continues to be a national leader in expanding access to care.

## Standing Order Issued for Naloxone

Naloxone, a medicine that rapidly reverses an opioid overdose, has been used by medical professionals for years to counteract overdoses and save lives. Through a standing order issued in January 2017, pharmacists in Louisiana can dispense naloxone to laypeople who are trying to aid an individual who has overdosed or is at risk of an overdose on

heroin, morphine, or another opioid drug without having to get a direct prescription from a doctor. The standing order also includes directions on how to administer naloxone and is accompanied with instructions on how to recognize an overdose, how to store and administer the medication, and emergency follow-up procedures.

## Legislation

HB 159 ACT 33	Rep. D. Miller	Repeals law exempting certain behavioral services providers from licensing requirements and further requires each provider to submit a completed application to LDH for a behavioral health services provider license on or before Dec. 1, 2017
HB 341 ACT 369	Rep. D. Miller	Comprehensive "clean up" bill to include amendments and repeal of certain defined terms, authorizations, requirements, and areas of law to reflect current healthcare practices relative to behavioral health, mental health, treatment of mental illness, and substance-related and addictive disorders, and facilities
HB 395 ACT 370	Rep. D. Miller	Revises and updates provisions relative to judicial commitment and mental health treatment by allowing LDH, if not the petitioner, to receive notice of such commitment hearings and present evidence, call witnesses, and cross-examine witnesses testifying at the hearing
HB 250 ACT 40	Rep. Pylant	Allows for the establishment and implementation of a needle exchange program within the jurisdiction of a local governing authority upon the express approval of the local governing authority
HB 439 ACT 419	Rep. Zeringue	Allows for a person applying for a marriage license who is unable to provide certain identifying documentation, to provide alternative identifying documentation
HB 493 ACT 66	Rep. Magee	Authorizes LDH to conduct a re-inspection of any commercial facility subject to regulation and inspection; however, on the second or subsequent re-inspection, LDH is authorized to charge a fee of \$150 and prohibits the issuance of any permit until such fee is paid. Failure of the owner to pay the fee within 30 days of service shall be grounds for issuance of an order revoking any permit held by the owner.
HB 531 ACT 351	Rep. Hoffmann	Legislation removes designation of all smoking areas on school property and vehicles transporting students to and from school

## LDH Sets Bold Goal to Reduce Maternal Mortality Related to Hemorrhage and Hypertension

In August 2018, the LaPQC launched the Reducing Maternal Morbidity Initiative (RMMI), which sought to address preventable maternal mortality and morbidity related to hemorrhage and hypertension, while also focusing on reducing racial disparities in these maternal health outcomes. Blood loss and hypertension were two of the leading causes of maternal death in Louisiana between 2011 and 2016, with around 50% of these deaths deemed preventable by the Pregnancy Associated Mortality Review committee. Specifically, the RMMI sought to 1) reduce Severe

Maternal Morbidity (SMM) by 20% among those persons who experience hemorrhage and/or severe hypertension by May 2020; and 2) decrease the Black-white disparity in SMM among hemorrhage and hypertension in the same period. Originally, 31 birthing facilities signed on to the LaPQC RMMI Initiative, designed as an IHI collaborative model for "achieving breakthrough improvement."

*See progress on this goal in 2021.*

## Healthy Louisiana Obtains Substance Use Disorder 1115 Demonstration Waiver

To maintain access to care for beneficiaries in need of opioid use disorder and substance use disorder (OUD/SUD) services in residential facilities, Louisiana applied for and received approval of an 1115 Demonstration Waiver, effective February 1, 2018. The waiver is necessary to provide services to beneficiaries residing in institutions for mental disease (IMDs) for stays with durations longer than 15 days. An IMD is a hospital, nursing facility, or other institution with more than 16 beds that is primarily engaged

in providing diagnosis, treatment, or care of individuals with mental illness. CMS allowed the traditionally excluded use of IMDs but placed a limit of 15 days on its usage. This waiver "waived" the cap of 15 days for Louisiana. As a result of waiver approval, Louisiana is able to receive federal financial participation (FFP), i.e., the Medicaid match, for the continuum of services to treat addictions to opioids and other substances.

## Louisiana Opioid Data Surveillance System Launches

Gov. Edwards and LDH launched the Louisiana Opioid Data and Surveillance System (LODSS), the web-based system that provides visibility into the opioid crisis. LODSS allows state officials, stakeholders, and the public to query and display data on fatal drug overdoses, inpatient and emergency department claims for drug overdoses, and prescription utilization information.

## Legislation

HB 458 ACT 116	Rep. James	Requires coroners and law enforcement agencies to report violent deaths to the office of public health and authorizes state participation in the National Violent Death Reporting System
HB 56 ACT 188	Rep. Hoffmann	Requires the telephone number and website for the Louisiana Tobacco Quitline to be included on signs displayed at the point of purchase or on the vending machine of any tobacco product, alternative nicotine product, or vapor product
HB 325 ACT 9	Rep. Gisclair	Provides express statutory authorization for the milk and dairy fees that are charged annually by LDH
HB539 ACT 324	Rep. Leger	Provides for fees for expedited licensing surveys for facilities and providers licensed by LDH
HB 198 ACT 424	Rep. Simon	Requires that the Traumatic Head and Spinal Cord Injury Trust Fund is used as a fund of last resort following the exhaustion of Medicare and Medicaid funding
SB 108 ACT 482	Sen. Johns	Removes the enumerated list, which provides a comparison of health outcomes in the Medicaid managed care annual report, and instead requires inclusion of all data submitted in the annual external quality review technical report required by federal law
SB 144 ACT 234	Sen. Mills	Removes provisions which provides major teaching hospitals with an opportunity for Medicaid reimbursement based on a hospital prospective reimbursement methodology in which Medicaid payment is made based on a predetermined fixed amount if the hospital has an affiliation with a Louisiana medical school accredited by the Liaison Committee on Medical Education and participates in at least four approved medical residency programs of which two are in medicine, surgery, obstetrics, pediatrics, family practice, emergency medicine, or psychiatry, or maintains an intern and resident full-time equivalency of at least 20 filled positions
HB 724 ACT 463	Rep. Miller	Provides an ethics exception for the employment of physicians hired through LDH's Medicaid Program and Office of Behavioral Health

## Louisiana Receives CMS Approval to Implement Innovative “Netflix” Model for Hep C Treatment

In June 2019, CMS approved Louisiana’s request to negotiate supplemental rebate agreements using a modified subscription model – the first of its kind nationwide – with the goal of eliminating the hepatitis C (hep C) virus statewide. Through this program, Louisiana partnered with Asegua Therapeutics LLC to make hep C therapies affordable and widely available to Medicaid beneficiaries. In the United States, the disease kills more people than all infectious diseases combined. At least 39,000 people in Louisiana’s Medicaid program and prison system have hep C. Before implementing this modified subscription model, those needing treatment for hep C required prior authorization and were experiencing

late-stage illness. This agreement allowed Louisiana to remove prior authorization requirements and today all individuals who test positive for this illness and have Medicaid coverage are able to begin treatment immediately. The inventive payment model allows the state to provide an unrestricted amount of Asegua’s direct-acting antiviral medication, the authorized generic of Epclusa® (sofosbuvir/velpatasvir), to treat patients within Louisiana’s Medicaid and DOC populations while capping the state’s medication costs. Nearly 14,000 people enrolled in Medicaid or within DOC have newly engaged in hep C treatment after the start of the subscription model in July 2019.

## Independent Studies Underscore Economic Impact of Medicaid Expansion

A 2019 study by Louisiana State University found that Medicaid expansion supports 14,000 jobs in the state and generates \$889 million in personal earnings. A study by Tulane University shows that the percentage of low-income people who said they put off going to the doctor because of cost had dropped by 26% in the past year and the percentage of low-income people who do not take medications as prescribed because they cannot afford it had dropped by 66%.

## Louisiana Releases Opioid Response Plan

Under the leadership of Gov. Edwards, Louisiana released its Opioid Response Plan in September 2019. The plan includes five pillars upon which to build the state’s response to the opioid epidemic. In order to achieve the most immediate impact on addiction and overdose, the state committed to:

- Improving real-time data analytics and surveillance,
- Educating and increasing awareness through prevention activities,
- Enhancing intervention and rescue activities, including increased accessibility of naloxone,
- Increasing access to and capacity for treatment, and
- Providing effective recovery support services.

## Legislation

HB 536 ACT 332	Rep. Hilferty	Creates a provider-licensing program to regulate freestanding offsite birthing centers. The intent for this proposal is to provide regulatory guidance and oversight through law and rulemaking to ensure adequate guidance and supervision and to ensure the health, safety, and welfare of those being served.
HB 287 ACT 307	Rep. Hill	Revises current law regarding judicial hearings by requiring LDH to receive notice from courts on judgments and dismissals. Law requires LDH to get at least 10-day notice of upcoming judicial commitment hearings; however, notice of judgment or dismissal is not required.
HB 243 ACT 423	Rep. Miller	Establishes enhanced data reporting of fatal and non-fatal drug overdoses where opioids were suspected or present. The legislation creates mechanisms for real-time surveillance of fatal and non-fatal overdoses in the state.
SB 169 ACT 192	Sen. Barrow	Requires through administrative rulemaking that all physicians, nurses, and other healthcare providers, including pharmacies, that administer immunizations in this state record immunization information on both children and adults using the software which operates Louisiana Immunization Network for Kids Statewide (LINKS) system
SB 7 ACT 174	Sen. Hensgens	Removes the MCO Pharmaceutical & Therapeutics Committee requirements, which will no longer be needed with the implementation of the single Medicaid Preferred Drug List (PDL)
HB 333 ACT 312	Rep. Connick	Cleans up some outdated language around the Revised Statutes that provide for the integration of people with disabilities to work alongside individuals without disabilities to complete the jobs that were traditionally completed in a segregated setting



## Medication for Opioid Use Disorder (MOUD) Now Covered by Medicaid

In January 2020, LDH amended the Medicaid state plan to add coverage of methadone provided by Opioid Treatment Programs (OTPs) to treat opioid dependence, enhancing the toolbox for fighting the opioid epidemic.

This amendment provided for expanded access to medication for OUD as well as related counseling services and behavioral health therapies.

## Progress toward Ending the HIV Epidemic

In an ongoing effort to reduce the impact of HIV, the cities of New Orleans and Baton Rouge and LDH, in close collaboration with numerous community-based organizations, launched Get Loud Louisiana on December 1, 2020. The development of the New Orleans, Baton Rouge, and Louisiana Ending the HIV Epidemic plans is part of the national initiative known as Ending the HIV Epidemic (EHE): A Plan for America. This bold initiative aims to end the HIV epidemic in the United States by 2030 through increased collaboration and planning at the local levels.

Louisiana has decreased 36%, from 1,204 cases in 2014 to 888 cases in 2022. This represents the lowest number of new HIV diagnoses since the late 1980s, near the beginning of the HIV epidemic. This progress is the result of an integrated approach that focused on detecting new HIV infections earlier, linking persons to care within 30 days, re-engaging persons who have fallen out of care, increasing viral suppression, and reducing health disparities. In Louisiana, viral suppression among persons in care has increased from 70% in 2013 to 87% in 2020. LDH also has focused on expanding pre-exposure prophylaxis (PrEP) awareness and navigation services and has increased the number of PrEP providers throughout the state in order to prevent new HIV infections.

New HIV diagnoses in Louisiana have been on the decline for several years. Since 2014, the number of people newly diagnosed with HIV in

## Increase in WIC Breastfeeding Support

The Louisiana Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Breastfeeding Peer Counselor (BFPC) Program is funded by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) and is an evidence-based model that has been shown to increase breastfeeding initiation and duration rates among low-income women participating in WIC.

in WIC and have successfully breastfed their infants for at least six months. In 2020, Louisiana WIC restructured its BFPC Program and expanded its breastfeeding expertise with the addition of new hires and new credentials for existing staff. Since March 2020, the BFPC Program has increased the number of peer counselors and designated breastfeeding experts on staff by 55%. Additionally, the BFPC Program now has five International Board Certified Lactation Consultants (IBCLC) on staff. Working with an IBCLC is shown to improve breastfeeding outcomes.

Through the BFPC Program, prenatal and breastfeeding WIC participants are paired with former WIC participants (peers) who are or were enrolled

## Legislation

HB 91 ACT 11	Rep. Bagley	Re-creation of the Department of Health; required every four years
HB 240 ACT 77	Rep. Hughes	Required per the current Department of Justice agreement; LDH's Office for Aging and Adult Services (OAAS) and Office for Citizens with Developmental Disabilities (OCDD) already have the authority to conduct certain mortality reviews, and this gives LDH's Office of Behavioral Health (OBH) the same
HB 591 ACT 280	Rep. Larvadain	Technical clean-up to R.S. 40:2018.3(A) and (B)(1), (2), and (9) relative to the make-up of the Louisiana Sickle Cell Commission; adds members who are submitted by different organizations to the Commission who shall be appointed by the governor and provides for a meeting location for the Commission
SB 53 ACT 34	Sen. McMath	Technical clean-up to the Louisiana Department of Children and Family Services (DCFS)/LDH bill from the 2019 legislative session regarding therapeutic group homes

## Progress Made in Reducing Maternal Morbidity, Low-risk C-section Births

In 2020, the LaPQC completed its first campaign, the Reducing Maternal Morbidity Initiative (RMMI). The focus of this initiative was to reduce severe maternal morbidity (SMM) secondary to hemorrhage and hypertension. The LaPQC's final report on Reducing Maternal Morbidity, issued in May 2021, shows that severe maternal morbidity among hemorrhage was reduced by nearly 35% and severe maternal morbidity among hypertension was reduced by almost 12%.

The RMMI final report shows that there were overall decreases in disparity for severe maternal morbidity related to both hemorrhage and to hypertension. While non-Hispanic Black birthing persons are still more likely to experience severe maternal morbidity among hemorrhage, this measure decreased among non-Hispanic Black birthing persons by almost 50% in comparison to a 16% decrease among non-Hispanic white birthing persons.

In 2021, it was clear that our state's cesarean delivery rate, at 33%, was too high. According to the CDC, that year Louisiana had the second highest cesarean section (C-section) rate in the nation (only second to Mississippi). While C-sections can be lifesaving in some situations, they also increase the likelihood of complications for the mother and are thought to contribute to a recent rise in U.S. maternal mortality.

An unnecessary first-time, low-risk cesarean birth is an indication of hospitals inconsistently applying best practices that are advanced under the LaPQC. In January 2021, the LaPQC launched the Safe Births Initiative that continues improvement work related to hemorrhage and hypertension, while also serving as a vehicle for a new focus on reducing Louisiana's low-risk, first-time C-section rate. By the end of 2021, this initiative had reduced the number of low-risk, first-time C-section births from 33% to 28.5%.

## 16 Birthing Facilities Recognized through New LDH Birth Ready Designation

In an effort to continue to recognize participating facilities for their improvement work and create a system of sustained change related to evidence-based best practice, the LaPQC in 2021 began offering a Louisiana Birth Ready designation. With two tiers of recognition — Louisiana Birth Ready and Louisiana Birth Ready+ — the designation distinguishes those birthing facilities committed to practices that promote safe, equitable, and dignified birth for all pregnant women in Louisiana. To achieve designation, facilities met criteria in five dimensions, including implementation of policies and procedures, promoting patient partnership, and addressing health disparities and equity.

As of August 2021, 11 Louisiana birthing hospitals have achieved Birth Ready designation:

- Baton Rouge General
- Christus Ochsner Lake Area Hospital
- Christus St. Frances Cabrini Hospital
- East Jefferson General Hospital
- Jennings American Legion Hospital
- Lane Regional Medical Center
- Ochsner LSU Health Monroe
- Ochsner LSU Health Shreveport St. Mary Medical Center
- Ochsner Medical Center Kenner
- Willis-Knighton South and the Center for Women's Health
- Woman's Hospital

As of August 2021, five Louisiana birthing hospitals have achieved Birth Ready+ designation:

- North Oaks Medical Center
- Ochsner Baptist Medical Center
- Ochsner Medical Center Baton Rouge
- Our Lady of the Angels Hospital
- Tulane Lakeside Hospital for Women and Children

## WIC Receives Breastfeeding Award of Excellence

Louisiana WIC was the recipient of the 2021 WIC Breastfeeding Award of Excellence in the Gold award category. This USDA program recognizes WIC agencies that have provided exemplary breastfeeding promotion and support activities. The intent is to provide models and motivate other agencies to strengthen their breastfeeding promotion and support activities, and ultimately increase breastfeeding initiation and duration rates among WIC participants.

## New Maternal Health Initiative Focuses on Substance Exposure

According to the 2017-2019 Louisiana Pregnancy-Associated Mortality Review (PAMR) report, accidental overdose was the leading cause of death for women in Louisiana who died while pregnant or within one year of giving birth. In response to this ongoing problem, the LaPQC in September 2021 launched the Improving Care for the Substance-Exposed Dyad Initiative, which includes a partnership with DCFS and is focused on improving care for pregnant women, parents, and newborns affected by substance use. Presently, there are 10 birthing centers participating.

## Legislation

HB 618 ACT 347	Rep. Miller	Provides with respect to fiscal intermediary services contracts in state information technology procurement
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## Medicaid Extends Postpartum Coverage

Louisiana became the first state to extend Medicaid and Children's Health Insurance Program (CHIP) postpartum coverage to a full 12 months with approved State Plan Amendments (SPA) 22-0009 and 22-0010 on April 1, 2022. Postpartum care was previously only offered for six weeks. The American Rescue Plan Act (ARPA) of 2021 offered states the option of extending postpartum coverage to 12 months, regardless of changes in circumstances, beginning in April 2022. LDH elected to pursue this option given the high maternal mortality rates in Louisiana.

There has been growing interest from federal and state policymakers, clinicians, researchers, and health advocates in expanding Medicaid's postpartum coverage as part of a push to re-conceptualize the postpartum period as an ongoing process that typically requires multiple visits and follow-up care that may last a year or longer. About 65% of births in Louisiana are covered by Medicaid, which means extending Medicaid postpartum coverage impacts thousands of women (14,000 women at the start of the policy change on April 1, 2022). This expanded coverage will provide women with a much broader and longer-term set of healthcare options following pregnancy, including mental health services.

## Children with Disabilities Can Now Get Medicaid Coverage, Regardless of Parental Income

In December 2021, CMS gave approval for Louisiana Medicaid to launch the Act 421 Children's Medicaid Option, or TEFRA, effective January 1, 2022. This program allows certain children under 19 years of age with disabilities to receive Medicaid coverage, regardless of parental income. Prior to this policy change, some children with disabilities may not have qualified for home- and community-based waivers because they did

not meet the urgency of need requirements, but still had needs not met under private insurance plans. TEFRA allows these children to still get Medicaid coverage, closes the gap between private insurance and Medicaid, and enables parents to continue to work. As of June 2023, a total of 1,163 children are enrolled in Medicaid under TEFRA.

## Expansion of Community HealthWays into 27 More Parishes

LDH's Office of Public Health (OPH) scaled the Community HealthWays program to 27 additional parishes in 2022, expanding this vital support to 29 parishes total since its pilot launch in 2019. Community HealthWays matches Louisiana residents with community health workers for one-on-one guidance and referrals to resources that can boost physical and mental health. Community health workers, frontline public health workers who are trusted members of and/or have a deep understanding of their communities through lived experience, are trained to identify and work toward filling needs that impact health, ranging from housing

and transportation to mental health counseling and education, among others. Residents who receive resource referrals can choose to use the information on their own or have a community health worker assist them. Growing evidence underscores the impact of community health workers in improving health outcomes, reducing healthcare costs, and bridging the gap in health disparities, including in rural communities. LDH has continued to strengthen its community health worker workforce; since 2019, 41 community health workers have been hired.

## Reduction in OAAS Community Choice Waiver Registry

Beginning in 2019, OAAS began efforts to reduce the number of applicants waiting for services on the Community Choices Waiver (CCW) Request for Services Registry (RFSR). In March 2017, there were 26,622 individuals on the CCW RFSR with an average wait time of seven years. Since the CCW waitlist reduction project began, OAAS has implemented several strategies to reduce the list:

- In June 2019, CMS authorized the state to give priority for waiver offers to individuals not already receiving another form of Medicaid home and community-based service. OAAS began assessing individuals on the CCW RFSR to determine if they were eligible for Long-Term Personal Care Services (LT-PCS) which does not have a waiting list.

- During the 2019 Legislative Session, OAAS requested and received an additional 500 CCW slots. In FY20, OAAS successfully filled all legislatively approved slots.

- During the 2021 Legislative Session, OAAS requested and received an additional 500 CCW slots. In FY22, OAAS successfully filled all legislatively approved slots.

- During the 2022 Legislative Session, OAAS requested and received an additional 250 CCW slots. As of mid-May 2023,

- OAAS has successfully filled all legislatively approved slots.

OAAS reduced the CCW RFSR to under 10,000 individuals for the first time since 2008. On July 31, 2022, there were 5,652 individuals on the CCW RFSR, down from nearly 27,000 individuals in 2017. As of the end of April 2023, the number of individuals on the CCW RFSR who are not receiving a formal OAAS service is 3,394 with an average wait time of six months.

## Comprehensive Dental Care Expanded to Adults with Disabilities

Routine and preventive dental care is essential not only for good oral health, but for a person's overall health. Despite this, many do not have access to the dental care they need. More people are unable to afford dental care than other types of healthcare. Many states have found that investing in preventive dental care for Medicaid enrollees saves public dollars on a net cost basis by preventing emergency department visits and expensive, complicated treatments and hospitalizations arising from neglect of oral health.

Previously, dental coverage had been limited to the 853,000 children under 21 years of age who are enrolled for comprehensive dental benefits. The 864,000 Medicaid enrollees 21 years of age and older are

limited to denture benefits. According to the CDC, as of 2018, only 58.1% of Louisianans visited the dentist or dental clinic within the past year for any reason. Louisiana's oral health report card has a state score of D for 2021.

Louisiana Medicaid led this year's expansion of comprehensive dental benefits coverage to an estimated 12,000 people ages 21 and older with intellectual/developmental disabilities (I/DD) enrolled in the New Opportunities, Residential Options, or Supports waivers. This comprehensive coverage includes a range of dental and oral health services that are critical to the overall health of this highly vulnerable population.

## Increase in Permanent Supportive Housing

The Louisiana Permanent Supportive Housing (PSH) program links affordable rental housing with voluntary, flexible, and individualized services to people with severe and complex disabilities, enabling them to live successfully in the community.

LDH increased housing provided by the PSH program by 50% from January to October 2022 (from 400 to over 600), which means more housing options for Louisiana residents living with disabilities or serious mental illness. This increase not only aligns with the Americans with Disabilities Act, but benefits Louisianans with serious mental illness by providing housing which supports movement from institutions to communities by providing safe and affordable housing and home-based services.

PSH has a 94% program retention rate and almost 60% of households see an increase in income after being housed by the program. The Louisiana model is nationally recognized and Louisiana is the first state to receive CMS approval to cover housing support services under Medicaid. The program has also received an additional \$11 million to sustain this program in areas that were impacted by hurricanes Laura, Delta, Zeta, and Ida.

## New and Expanded Behavioral Health Services

In 2022, LDH has introduced and expanded critical behavioral health services.

Louisiana Medicaid and the Office of Behavioral Health (OBH) rolled out the Louisiana Crisis Response System (LA-CRS) to support adult Medicaid members experiencing a mental health crisis. These services include Mobile Crisis Response Teams and Behavioral Health Crisis Care centers, now active in six of the 10 behavioral health regions. As a follow-up to these initial crisis responses, Community Brief Crisis Support, a face-to-face intervention provided for up to 15 days post-crisis, is also available in those regions. Finally, Crisis Stabilization, a short-term bed-based crisis treatment and support service for individuals who received a lower level

of crisis services and are at risk of hospitalization or institutionalization, has been implemented in one of the 10 regions. LDH is working to launch these services in additional regions in 2023. The LA-CRS aims to provide those in crisis with appropriate care in their communities while avoiding involuntary hospitalizations.

OBH also worked with community partners, local governing entities, OPH, and Medicaid to distribute more than 30,000 naloxone kits in FY22 and train more than 41,000 individuals on how to use them. Wide availability of naloxone is crucial to overdose prevention, the reduction of overdose mortality rates, and increased probability of survivors who subsequently engage in treatment.

## Rural Health Scholars Program Relaunch to Address Rural Health Professional Shortage

OPH's Well-Ahead Louisiana relaunched the Rural Health Scholars Program, which places healthcare students in facilities in health professional shortage areas, both rural and urban. Through partnerships with universities and rural healthcare facilities, over 45 healthcare

students, including nurse practitioner and physicians' assistants, have been placed in short-term rotations to encourage careers in Louisiana's health professional shortage areas, including rural communities, after graduation.

## New Caregiver Perinatal Depression Screening Pilot Launched

The LaPQC launched a Caregiver Perinatal Depression Screening Pilot to address the mental health of mothers and caregivers. Through the program, four pediatric practices from across the state (Terrebonne General Pediatric Care, Ochsner St. Anne Hospital, Our Lady of the Angels Pediatric Clinic, and CommuniHealth Services Bastrop Pediatrics Center) spend 12-18 months piloting strategies to improve the rate of perinatal depression screenings, referrals, and follow-ups. The program aims to reach new mothers during pediatric well-child visits, in hopes that

providers can detect perinatal depression earlier and offer support and resources. (Beginning in January 2021, a Medicaid policy change took effect that allows pediatric providers to be reimbursed for administering perinatal depression screening at well-child visits. The pilot launched in May 2022, with data collection occurring through June 2023.) As of April 2023, a total of 1,490 caregiver perinatal depression screenings have been conducted in the four pilot clinics.

## 11 More Hospitals Achieve Birth Ready Designation

As of March 2022, 11 additional hospitals achieved new Birth Ready designations by committing to practices that improve quality and outcomes for persons giving birth. Now, a total of 27 of the state's 47 hospital campuses have been recognized as Birth Ready, with eight of the hospitals achieving the Birth Ready+ designation.

New facilities receiving Birth Ready designation:

- Christus Shreveport-Bossier
- Iberia Medical Center
- Lake Charles Memorial Hospital for Women
- Lakeview Regional Medical Center
- Minden Medical Center
- Ochsner Medical Center West Bank
- Rapides Women's and Children's Hospital
- St. Tammany Parish Health System
- Terrebonne General Health System
- West Jefferson Medical Center

New facilities receiving Birth Ready+ designation:

- Touro Infirmary

## Louisiana Receives Approval for New Hospital Payment Models

After three years of hard work by our team, LDH received approval in 2022 from CMS for two new payment models for hospitals. The new models, called state directed payment models, ensure reimbursements are based on utilization of Medicaid services and preserves approximately \$1.7 billion in hospital funding while adding another \$925 million to the system.

The reform is an investment in keeping Louisiana residents healthy and ensures acute and post-acute hospitals in rural areas and public hospitals will get the resources they need to continue serving their communities.

## Rate Increase for Early Intervention Providers

EarlySteps is Louisiana's early intervention program for children with developmental delays ages birth to 3 years old (36 months). EarlySteps services are designed to improve the family's capacity to enhance their child's development. These services are provided in the child's natural environment, such as the child's home, childcare or any other community setting typical for children at that age.

Beginning July 2022, EarlySteps providers received a rate increase of 30% and EarlySteps case managers received a rate increase of 40%. Providers had not seen an increase in rate in over 10 years prior to this increase. This rate increase has attracted more clinicians to enroll as EarlySteps providers, which has helped to increase availability of services to children, especially in rural areas.

## Legislation

HB 334 ACT 151	Rep. Duplessis	Modifies the criminal background screening requirements for Behavioral Health Peer Support Specialists to allow greater access to care and more job opportunities for people in recovery from substance use and mental illness
HB 212 ACT 137	Rep. Miller	Amends Louisiana Statue § 40:1021 to exclude drug checking equipment such as fentanyl test strips (FTS) from the definition of "drug paraphernalia" and/or allow the possession and use of FTS as it is an effective, evidence-based harm reduction tool to reduce the number of fentanyl-related overdose deaths in Louisiana
SB 116 ACT 676	Sen. Barrow	Allows LDH to establish an Office of Women's Health and Community Health
SB 213 ACT 503	Sen. Luneau	Renews the integrity and sustainability of the Medicaid Mental Health Rehabilitation (MHR) program by increasing distinction between Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) services and by expanding utilized provider types for CPST
HB 933 ACT 522	Rep. Stagni	Amends and revises requirements for emergency preparedness plans of nursing homes, along with the process for establishing and executing such plans

## Louisiana First State to Develop Grading System for Water Systems

Reliable access to safe, clean drinking water is essential to a functional society and economy. About 58% of all water systems in Louisiana are 50-plus years old, creating need for repair and potential for breakdowns. As a result, LDH has prioritized efforts to shore up the state's public water systems through implementing accountability measures for drinking water. In accordance with Act 98 of the 2021 Regular Legislative session, LDH's Office of Public Health (OPH) is now issuing annual letter grades for all 951 community water systems. The first preliminary report cards were published in January 2023 as an interim report, with annual report cards issued each May, including May 2023. The grades are calculated using points assigned to seven standards that evaluate the infrastructure, sustainability, and overall water quality.

May 2023 water grade distribution:

- A: 386 systems, or 41%
- B: 256 systems, or 27%
- C: 171 systems, or 18%
- D: 56 systems, or 6%
- F: 82 systems, or 9%

LDH has also worked closely with the Water Sector Commission to review and select projects for funding that will improve Louisiana drinking water systems. Through this process, which weighs the potential impact of each project, LDH has helped select 145 drinking water infrastructure projects for funding (totaling \$452 million).

## Five Additional Hospitals Achieve Birth Ready Designation

In May 2023, five additional hospitals achieved 2023 Birth Ready designation for committing to practices of implementing quality improvement to improve birth outcomes for mothers in Louisiana. Now, 32 hospitals in Louisiana (out of 47 campuses reporting to LDH) have a Birth Ready designation; nine have been recognized as Birth Ready+.

New facilities receiving Birth Ready designation :

- Ochsner Lafayette General Medical Center
- Ochsner St. Anne Hospital
- Slidell Memorial Hospital
- Thibodaux Regional Health System
- West Calcasieu Cameron Hospital

## Increased Funding for OAAS Providers and Direct Support Staff

HCR 127 from the 2021 Legislative Session requested LDH to adjust the state Medicaid budget to allocate funding more equitably to providers throughout the disability services system and across LDH agencies. In 2022, OAAS increased provider rates with an October 1, 2021 retroactive date for the following services: Personal Assistance Services (PAS); Long Term-Personal Care Services (LT-PCS); and Adult Day Health Care (ADHC). OAAS also required these providers to pass 70% of their rate increases

directly to the direct support workers/staff in the form of a minimum wage floor of \$9.00 per hour and in other wage and non-wage benefits. These efforts allowed OAAS to align with OCDD provider rates. As of April 2023, an investment of ARPA funding has resulted in over \$133 million in increased payments to providers to support and strengthen the Home and Community Based Services service delivery system.

## Office of Women's Health and Community Health Established

The Office of Women's Health and Community Health (OWHCH) was created by Act 676 (SB 116) of the 2022 Regular Legislative Session and signed by Gov. Edwards on June 18, 2022. OWHCH aims to be a clearinghouse, coordinating agency, and resource center for women's health data and strategies, focusing on issues such as needs throughout a woman's life; chronic or acute conditions; access to healthcare; how poverty impacts women's health; leading causes of morbidity and mortality and health disparities.

LDH named its first OWHCH assistant secretary and has kicked off a series of community town halls to shape our priorities and work. As of May 2023, OWHCH has held two of nine upcoming town halls, in Baton Rouge and Hammond.

## Legislation

HB 493	Rep. Miller	Amends statute R.S. 46:2626, which regulates the use of fees on emergency ambulance providers; provides a stable funding source for an increase to emergency ambulance provider reimbursement
HB 200 ACT 17	Rep. Lafleur	Technical revision to the section of the Louisiana Newborn Screening Statute related to test identified in R.S. 40:1081.2. The statute defines the process by which Louisiana's newborn screening system will remain current with the national Advisory Committee on Heritable Disorders in Newborns and Children's Recommended Uniform Screening Panel (RUSP).

# Challenges Met

## 2016 Floods

The August 2016 catastrophic flood caused extensive flash flooding primarily in Regions 2 (Baton Rouge), 4 (Acadiana), and 9 (Northshore). Areas that had never flooded became flooded for an extended period of time and caused damage to over 85,000 homes. Other challenges included disruption in transportation; extensive search and rescue in multiple communities across three regions; cemetery disruptions; closures of dialysis centers; and evacuations of four hospitals, six nursing homes, 12 intermediate care facilities (ICFs), and two assisted living facilities. There were 13 deaths attributable to the August 2016 flood. These deaths occurred in Regions 2 (Baton Rouge), 6 (Central), and 9 (Northshore).

Specific challenges for LDH included:

- Baton Rouge River Center became an unplanned mega shelter with several thousand evacuees
- Major differences in types of shelters and what the shelters could provide in terms of wrap-around services
- Hospitals in Region 2 became inaccessible due to flooded roads
- Recovery operations were extended from an average of six weeks for a typical storm to several months

LDH's response included:

- Aggressive no-notice event planning: State agency leads/ Emergency Support Function (ESF) leads initiated pre-identification of regional core teams, pre-identification of all shelter sites (potential and encumbered sites), and development of additional surge contracts for expanded capability and capacity became an absolute necessity for "no-notice" events. ESF-8 developed extensive and robust EMS Surge contracts to have surge ambulance units staged at each state-operated shelter site that was activated. The surge contract enabled access to medications available on the ambulance unit and provided the capability of triage whereby paramedics could assist with triage in a shelter.
- Initiation of Unified Shelter Plan to codify timeline and resources for the various types of shelters: There are local shelters, shelters operated by the American Red Cross, and shelters operated by the state. The timeline for activation and the resources and request process were developed with local and state leads.
- Erection of aqua dams to prevent hospitals from becoming waterlogged, and the organization of high-water vehicles to assist medical personnel in getting to hospitals.
- Development of a Pharmacy Plan: With extended power and transportation challenges, pharmacy access became a critical issue. Pharmacy needs in general shelters increased. Matching prescriptions with shelterees and maneuvering the challenges of insurance while various shelters were being combined was becoming a complex logistical issue. LDH worked with the Louisiana Independent Pharmacy Association (LIPA) to set up areas within the shelter(s) for direct access to pharmaceutical needs. A Pharmacy Plan was developed in the ensuing months with larger chain pharmacies to increase access and minimize disruption in treatment plans.

## St. Joseph Drinking Water

The town of St. Joseph, the parish seat of rural Tensas Parish in northeastern Louisiana, had experienced water problems for years due to the poorly maintained and deteriorating water distribution system. But in 2015 the town's drinking water infrastructure and water quality concerns became urgent. St. Joseph began experiencing major line breaks, boil advisories, and water outages. Frequent breaks in the water distribution system provide a potential health risk because of the drop in water pressure. Furthermore, St. Joseph was experiencing financial challenges and appointed a fiscal administrator.

By 2016, there was evidence that the infrastructure for the drinking water system was exponentially deteriorating, and the water quality was changing. After investigative sampling by LDH's Safe Drinking Water Program in December 2016 revealed that some homes had high levels of lead, Gov. Edwards issued a Public Health Emergency for St. Joseph. Gov. Edwards tasked the Safe Drinking Water Program to sample every home and business in the town. The Safe Drinking Water Program and OPH lab worked around the clock to sample and analyze the results for a total of 438 homes, businesses, and restaurants in just two days.



“After living for more than 10 years with discolored water, the people of St. Joseph now have a new water treatment and distribution plant that is fully operational, providing high quality drinking water daily to homes, schools and businesses. And it tastes great!”

The results showed widespread lead exceedances in St. Joseph, and residents were advised to not use the tap water until the water system was fixed. EPA has set the maximum contaminant level goal for lead in drinking water at zero (with the enforceable action level being 15 ppb) because lead is a toxic metal that can be harmful to human health even at low exposure levels. Lead is persistent, and it can bioaccumulate in the body over time. Young children, infants, and fetuses are particularly vulnerable to lead because the physical and behavioral effects of lead occur at lower exposure levels in children than in adults. In children, low levels of exposure have been linked to damage to the central and peripheral nervous system, learning disabilities, shorter stature, impaired hearing, and impaired formation and function of blood cells.

For 18 months, the Safe Drinking Water Program held regular meetings with St. Joseph's fiscal administrator and design engineers, as well as with school leaders, the community, and town leadership. St. Joseph received upwards of \$10 million in grant funding from the state to repair the water treatment facility and the distribution system; LDH permitted the plans for construction. On March 6, 2017, a groundbreaking ceremony was held for the new construction and by March 2018 the system was complete. The Public Health Emergency was lifted in March 2018.

# COVID-19 Pandemic

## Challenge overview

LDH reported Louisiana's first COVID-19 patient on March 9, 2020, and its first COVID-19 death on March 14, 2020. From there, the outbreak grew particularly fast relative to other states and countries.

According to data analyses by the University of Louisiana at Lafayette, the number of confirmed COVID-19 cases in Louisiana grew faster in the first 14 days than anywhere else in the world, raising serious concerns about the state's healthcare capacity to care for sick patients. On March 24, only 29% of ICU beds were available statewide, and there were initial projections and concerns the state would run out of ventilators by early April if COVID-19 cases continued to rise.

From March 2020 to December 2022, Louisiana's COVID-19 impact can be described as a six-wave event with peaks and valleys of COVID-19 hospitalizations. The COVID-19 response was also marked by two years of catastrophic storms which not only exacerbated COVID-19 conditions related to re-opening but also created new challenges with non-congregate sheltering. August 2021 posed a particularly significant challenge to acute care hospitals to staff med surge and ICU beds as the Delta variant saturated all available staffed beds. Concurrent to the COVID-19 Delta surge was the catastrophic storm of Hurricane Ida, which aggravated access to care.

## Response

Gov. Edwards and his administration led an aggressive, data-driven response to the COVID-19 pandemic, with the goals of slowing the spread of the virus, preserving hospitals' capacity to provide care, and saving lives.

Only days after reporting the state's first case, Louisiana was among the first states to stand up a COVID-19 dashboard, which reported accurate epidemiologic information to the public and informed LDH leadership and the governor's mitigation measure decisions. In the first year of its deployment, the COVID-19 dashboard was viewed over 40 million times.

Initial assessments of COVID-19 tests reported to Louisiana revealed that racial data was missing on approximately 50% of tests — hindering our visibility into whom the pandemic impacted. In partnering with entities such as the Office of Motor Vehicles, Medicaid, and major health partners, LDH was able to improve completion of race in COVID-19 tests to 95% — far exceeding the national average of 60%. (This data was only used to report aggregated information.)

Louisiana was one of the first two states to share COVID-19 death data by race. Death rates among African Americans in Louisiana were 15.99 per 100,000, compared to 3.79 per 100,000 among white residents. That disparity was alarming, but not surprising given the health disparities and barriers to access that existed in vulnerable communities for decades prior to the pandemic. The early data told us we urgently needed to close the gap and reach communities where COVID-19 was inflicting the most devastation. Through innovative approaches in data processing/analysis, communications/outreach, and key community-based partnerships, Louisiana has seen a narrowing of disparities in our response to COVID-19. This work helped Louisiana become a national leader in making COVID-19 resources accessible to a range of Louisiana residents.

Nursing homes, which were early hotspots for COVID-19 transmission in Louisiana and nationwide, required a targeted response. LDH's outbreak epidemiologists implemented 663 statewide tele- and in-person infection control assessment and response (ICAR) surveys for nursing home COVID-19 prevention and containment. In addition, outbreak epidemiologists implemented a daily reporting system for monitoring COVID-19 cases and deaths among nursing home residents and staff in

March 2020. The data collected through this system allowed for tracking facility-level trends and were used by regional OPH offices to guide response efforts and by LDH leadership to inform statewide decision-making for long-term care facilities.

The Medical Monitoring Station (MMS) at the Ernest N. Morial Convention Center in New Orleans was authorized on March 23 and became operational on March 28. The MMS opened amid concerns that the COVID-19 crisis would overwhelm Region 1 (Southeast), 3 (South Central) and 9 (Northshore) hospitals with critically ill patients. After its opening, the MMS was available to every region in the state, and indeed accepted patients from regions across Louisiana. Early preparations projected a patient census with relatively minimal medical needs who needed a place to recover without infecting others. However, as nursing home patients became a focal point early in the COVID-19 crisis, MMS staff expanded admission criteria and prepared the site to accept patients with greater needs. This shift provided an "escape valve" for hospitals, allowing them to discharge to a facility that could provide high-quality care while nursing homes worked to prepare their facilities to safely accept infected patients. The MMS served a total of 412 patients.

Over the course of the response, ESF-8 and partners also developed, built, and operated up to three quarantine/isolation sites for vulnerable populations at high risk of becoming infected with and transmitting COVID-19.

LDH outbreak epidemiologists implemented a statewide COVID-19 reporting system for K-12 schools, which directly connected schools with the regional offices of public health to aid in contact tracing and quarantining guidance, with 1,011 schools enrolled. This team also collaborated with the Louisiana Board of Regents to track COVID-19 cases in the 42 institutions of higher education in Louisiana. In June 2020, LDH implemented a formalized tracking system for outbreaks that occurred in non-congregate living settings, such as worksites, recreational events, and social gatherings.

The Office of State Fire Marshal, LDH, and the Louisiana Office of Alcohol and Tobacco Control launched the OpenSafely portal to help businesses operate safely during the early months of the pandemic, before vaccines were available. These agencies completed tens of thousands

of inspections and educated thousands of business owners about the importance of mitigation measures to keep their employees, patrons, and communities safe.

LDH consistently updated and shared information with providers and the public regarding resources for maintaining one's behavioral health during the COVID-19 pandemic. This included two OBH-funded helplines specifically developed to serve individuals during the COVID-19 pandemic — the Keep Calm and Behavioral Health Recovery Outreach helplines, both of which were operational 24/7. Also, LDH expanded what licensed mental health professionals could do using telehealth and allowed for the first time in Medicaid substance use providers and mental health rehabilitation providers to utilize telehealth.

Medicaid secured the enhanced FMAP which allowed Medicaid members to feel confident that their coverage would continue through the federal COVID-19 public health emergency. Medicaid did not close, or stop coverage, of any member during this time unless the member permanently moved out of state, if the member requested to be removed from Medicaid, or if the member died. In addition, and with support from the federal Families First Coronavirus Response Act, Medicaid was able to ensure testing at no cost for anyone who was uninsured.

From August 2021 to June 30, 2022, in response to the Delta surge, LDH worked with FEMA and contractors to staff 70 hospitals, providing 2,500 state-contracted providers to preserve community access to trauma and other time-sensitive medical services. By providing contracted staff, hospitals were also able to open additional monoclonal antibody (mAb) treatment sites to assist in reducing the severity of COVID-19 cases, thus reducing hospital admissions.

In December 2020, the first doses of the COVID-19 vaccine became available. LDH assessed potential vaccination locations using publicly available data about the most vulnerable communities in Louisiana to determine sites most suitable for equitable distribution of vaccines. LDH partnered with the Louisiana National Guard (LANG) and provider and community partners to ensure that testing and vaccination sites were available across Louisiana. In the Omicron surge alone, LDH and its partners provided one million rapid tests to the public. In addition to enrolling traditional vaccine providers, vaccines were administered at more than 13,000 pop-up clinics at churches, community and senior centers, and in the workplace. Through the Safer Smarter Schools program, LDH and its partners administered more than 1.97 million COVID tests at 596 participating schools in the 2021-2022 and 2022-2023 school years.

Simultaneously, LDH rapidly stood up a massive statewide vaccine education campaign called Bring Back Louisiana that involved partnering with community leaders, businesses, hospitals, and faith-based leaders around the state. Bring Back Louisiana trained community organizations to phone bank and knock on doors in all 64 parishes. The campaign held 18 regional tele-town halls, allowing residents to get their questions answered directly by local medical experts and community leaders; ran an unprecedented advertising campaign for 17 months; and partnered with local artists and 169 local social media influencers to educate, share vaccine stories, and combat health misinformation.

In April 2021, LDH stood up a vaccine hotline to answer questions and help residents schedule vaccine appointments; the hotline fielded more than 72,000 calls.

LDH launched Shot for 100 and Shot at a Million vaccine incentive programs. In total, 873,593 people registered for Shot at a Million and more than 43,000 people received incentive cards at general vaccination events. In addition, 36 colleges and universities participated in the incentive program, distributing 26,475 \$100 incentive cards.

LDH's COVID-19 Wastewater Surveillance program successfully completed a pilot program over the summer of 2022 and has since rolled out a statewide program. Nearly 80 sites are currently enrolled in the CDC-funded program, including nursing homes, correctional facilities, and municipalities. This monitoring complements existing tools, and has been shown to help reduce subsequent transmission, potentially mitigating outbreaks. Monitoring at the municipality level allows for virus transmission trends to be monitored without relying on individual test-seeking behaviors, which has been extremely important as at-home tests have become widely used. The wastewater surveillance program has also proven useful as a rapidly adaptable public health tool which can pivot to address emerging infectious diseases.

These intentional, innovative efforts have led to one of the highest vaccine equity scores in the nation, with Louisiana scoring a 937 out of 1,000 on the scale graded by the U.S. Department of Health and Human Services. For context, the national average in March 2023 was 543 out of 1,000. We have scored above 900 since the score was released in spring 2021.

As of summer 2023, LDH has reported 1,602,249 COVID-19 cases and 18,994 COVID-19 deaths in Louisiana. LDH has processed more than 18.5 million COVID-19 tests. More than 2.86 million Louisianans have received at least one COVID-19 vaccination (62% of total population), and more than 2.54 million Louisianans have completed their primary COVID-19 vaccine series (55% of the total population).

# Hurricanes Laura, Delta, Zeta, and Ida

Concurrent to the COVID-19 Delta and Omicron surges were the catastrophic storms of the 2020 and 2021 hurricane seasons. The 2020 hurricane season was the most active season in U.S. history, resulting in widespread damage to or destruction of critical infrastructure, livelihoods, and property. Thirty named storms formed between May 16, 2020 and November 30, of which 13 became hurricanes. Louisiana, located centrally in the Gulf of Mexico, was indicated in the cone of uncertainty eight times, with an unprecedented five direct landfalls, resulting in the evacuations of 14 hospitals, 24 nursing homes, 43 assisted living facilities, and 97 intermediate care facilities for individuals with developmental disabilities (ICF/DD). Direct landfalls of 2020 storms included Cristobal, Marco, Laura, Delta, and Zeta.

On August 29, 2021, Hurricane Ida (Category 4) made landfall at Port Fourchon, Louisiana's southernmost port, located on the southern tip of Lafourche Parish, on the Gulf of Mexico. Ida caused 16 hospitals, 28 nursing homes, 53 assisted living facilities, and 107 ICF/DDs to evacuate. There were approximately 88 shelters open with 3,500 shelterees at peak population.

## LDH met the above challenges by:

### Shifting to a new model for sheltering.

In response to COVID-19, we created novel sheltering formats including the Bayou Segnette center for individuals who needed to safely await test results; the Medical Monitoring Station at the Morial Convention Center; and as many as 25 New Orleans area hotels that sheltered more than 12,000 hurricane Laura and Delta evacuees. We worked across LDH and with local partners and sister state agencies to provide onsite triage and wrap-around services for evacuees including COVID-19 testing and behavioral health and WIC services. LDH provided surge ambulances and medics at each of the hotels to ensure access to triage capabilities, EMS transport for urgent needs; and to provide ESF-8 support to partners operating the non-congregate locations.

### Sustaining robust utilization of Multi-Agency Shelter Transition Teams (MAST)

Given the severity of community impact and the increased complexity of shelter cases, LDH's offices of OBH, OAAS, and OCDD provided subject matter expertise and representation and assisted with provision of social services for eligible shelter cases. The identification of eligible cases and provision of services often required extensive case work with multiple partners in DCFS, FEMA's Individuals and Households Program (IHP), GOHSEP, FEMA's Disaster Case Management (DCM) providers, and other National Voluntary Organizations Active in Disaster (VOAD) agencies.

### Sustaining utilization of the Emergency Management Disability and Aging Coalition (EMDAC),

a coalition of nonprofit, for-profit, and government agencies in Louisiana that advocates for and supports emergency management efforts that serve people in the state with disabilities and those who are aging; and the Louisiana Technology Assisted Network (LATAN) composed of advocates who would acquire specialty equipment for technology-dependent children. Additional state agencies collaborate on a regular basis for routine operations as well as plan, train, and exercise within the ESF structure. These agencies include Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), American Red Cross, DCFS, the Louisiana Department of Education (LDOE), Louisiana Birth Defects Monitoring Network (LBDMN), and the Bureau of Minority Health Access which serves as the conduit for work with the state and federally recognized indigenous tribes of Louisiana.

# 2022 Infant Formula Recall

The national infant formula shortage was a concern throughout the pandemic, driven by supply chain issues related to the ongoing COVID-19 public health emergency. The February 18, 2022, recall of Abbott Similac products from a facility in Sturgis, MI exacerbated the problem. In response, Louisiana WIC helped families access formula by expanding the number of formula brands available to WIC families, coordinating with grocery stores to understand retailer availability, providing important guidance on safety and nutritional options to all Louisiana families, and enhancing its services.

Louisiana WIC applied for applicable federal waivers as soon as they became available to WIC state agencies and added over 80 substitute formulas to the Louisiana WIC formulary. LDH educated and updated stakeholders, healthcare provider partners, and the public through social media, text messaging systems, the LDH Health Alert Network (HAN), and TV and radio interviews. In June 2022, an official Formula Recall Task Force was convened and continues to meet regularly. LDH continued to monitor WIC participants' formula redemptions at WIC-authorized grocery

stores, tracking the overall availability of formula products throughout the state. Although the availability of formula in the market has not yet returned to pre-crisis levels, the supply has moderately stabilized and redemptions have increased as a result.

During the infant formula crisis, WIC helped women consider breastfeeding as a viable option. Between August and June 2022, WIC increased breastfeeding peer counselor coverage in WIC clinics from 43% to 73%. Additional BFPC team members acquired specialized lactation credentials providing more advanced lactation support to WIC participants. Also, the Louisiana WIC BFPC Program improved language access for participants by staffing two Spanish-speaking peer counselors and one Spanish-speaking program manager on the BFPC team. Over the course of the formula crisis, Louisiana WIC experienced a significant increase in breastfeeding rates among WIC participants: In September 2022, Louisiana WIC's postpartum breastfeeding rate was 42%, compared to 29% in January 2022.

# 2022 Mpox Outbreak

LDH identified the first mpox case in a Louisiana resident on July 7, 2022, less than two months before Southern Decadence (SD), a large, annual LGBTQ+ festival scheduled over Labor Day Weekend. Previous festival occurrences had more than 250,000 estimated attendees, including residents and domestic and international travelers.

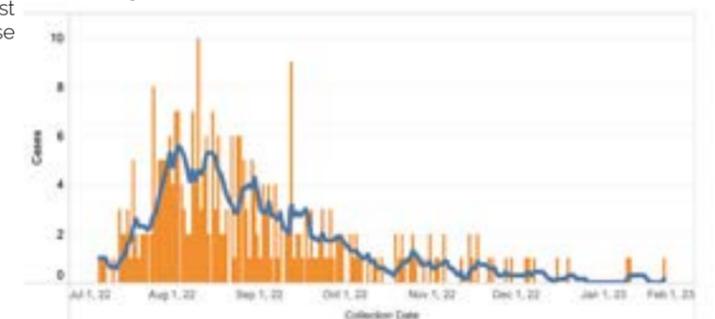
LDH immediately initiated case investigations and contact tracing, including providing education to close contacts, coordinating post-exposure prophylaxis if indicated, and conducting symptom monitoring. Recognizing health disparities and potential barriers to vaccination, LDH collaborated with the New Orleans Health Department (NOHD), community organizations, LGBTQ+ influencers, and local businesses and healthcare providers to plan and promote community vaccination events in all LDH regions before, during, and after SD, with the first event occurring on August 9, 2022. LDH strategically distributed vaccines to community partners and public health units to reach those at highest risk of being exposed to mpox and worked with these partners to rapidly plan large-volume vaccination events in convenient locations, as well as smaller, more focused vaccination events aimed at removing barriers, including LGBTQ+ bars, community centers, and other familiar venues. LDH promoted the events and shared health guidance through advertising on LGBTQ+ social and dating apps and by working closely with trusted community partners and providers who serve communities at greatest risk. These efforts contributed to the goal of reducing disparities in those receiving vaccinations.

Finally, LDH made a request to CDC for technical support and an expanded allotment of JYNNEOS mpox vaccine in preparation of SD. Both NOHD and LDH performed early outreach to hospitality leaders and LGBTQ+ advocacy groups in advance of SD to provide education on the potential of an mpox outbreak during the festival and to begin intense planning for awareness and vaccination events among staff and visitors. Additionally, LDH implemented wastewater surveillance protocols and identified processes for expediting testing during the festival weekend, while public health staff operated a Health Hub for mpox vaccination and testing during SD.

In total, 15,121 doses of JYNNEOS vaccine were administered during mpox outbreak response activities and 5,373 doses were administered by mobile vaccination strike teams during community events.

This comprehensive intervention effort helped Louisiana avert a potential public health disaster. The White House repeatedly highlighted Louisiana's response to the 2022 mpox outbreak as best practice.

Mpox Cases in Louisiana Residents Over Time



# 04

## Leaving Louisiana Better Than We Found It

### Two New Programs for All Inclusive Care for the Elderly (PACE) Sites Announced

LDH, through OAAS, laid the groundwork to open new PACE sites, expanding these vital home- and community-based services to older adults in northern and central Louisiana. Because participants go to PACE centers, expansion is dependent on the existence of a center within 45 minutes of travel distance. Using a holistic model, the PACE program, which began in Louisiana in 2007, provides and coordinates all services covered under Medicaid and Medicare. This model of care eases access to healthcare for older adults and helps them remain in their homes and communities. In addition, PACE accomplishes this at 52% of the cost of out-of-home placement. Louisiana currently has two PACE organizations operating four centers serving over 400 participants, all in south Louisiana. LDH began expansion for services in Alexandria and Shreveport. Both locations are slated to open by June 2024.

### New Central Louisiana State Hospital

Construction began on the new Central Louisiana State Hospital in Pineville, Rapides Parish in May 2021, and is anticipated to be complete by early 2024.

### New Funding Models for Ambulance and Dental Providers

In addition to new hospital payment models, LDH is working to move to an alternative funding model for ambulance and dental providers. CMS rules and regulations required the Department to transition from the Full Medicaid Pricing Program (FMP) to an alternate approved reimbursement model. LDH has been working with stakeholders to design new models that will create sustainable funding for dental and ambulance providers. Both models are currently pending CMS approval.

### Additional Behavioral Health Services for Children, Adolescents, and Their Families

LDH is introducing five new and additional initiatives focused on the behavioral health of children and adolescents and their families. These initiatives, titled Services from the Start: Providing Behavioral Health Support for Louisiana Families, focus on improved access to early childhood, adolescent, and family behavioral health services.

The COVID-19 pandemic has magnified the challenges facing children's and adolescents' mental health, causing altered experiences at home, school, and during in-person social interactions. The pandemic also highlighted the need for increased access to healthcare and social services as an alarming number of young people struggle with feelings of helplessness, depression, and thoughts of suicide. In response, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association have declared a national state of emergency in child and adolescent mental health.

Recognizing the need to address the behavioral health crisis, OBH is building upon services currently available to Medicaid-eligible children and adolescents through five additional initiatives currently under development through FY24:

**Initiative 1:** Expanding substance use residential treatment facilities for women and dependent children

**Initiative 2:** Implementing Early Childhood Supports and Services (ECSS)

**Initiative 3:** Building the foundation for statewide youth crisis services

**Initiative 4:** Treating trauma through the implementation of Dialectical Behavioral Therapy (DBT) programs

**Initiative 5:** Cultivating Psychiatric Residential Treatment Facility (PRTF) services to treat youth with co-occurring developmental disabilities



# Stories of Our Success

## Medicaid expansion provides life-saving coverage during pandemic-related unemployment

When the COVID-19 pandemic struck Louisiana in March 2020, New Orleans resident Rob Chenoweth was working as an independent contractor for companies that sent out repair technicians to fix fitness equipment in people's homes.

But when the pandemic made people fearful of allowing strangers into their homes, Mr. Chenoweth began seeing his contracts dry up. And as his financial situation worsened, Mr. Chenoweth, 59, could no longer afford the premiums he was paying for private insurance. A friend suggested Mr. Chenoweth apply for Medicaid, and when he did, his coverage was approved.

Although Mr. Chenoweth had struggled with obesity, he had not yet experienced any major health problems. But he was also not regularly visiting a primary healthcare provider – which was not uncommon in Louisiana for people who were uninsured or underinsured. In the years since Gov. Edwards made the decision to expand Medicaid to include many of the working poor who had formerly avoided regular doctor visits because of cost, regular doctor visits have now become the norm. As of May 2023, more than 70% of Medicaid expansion recipients have visited the doctor in the last year.

Having not visited a doctor regularly, Mr. Chenoweth was unaware that a very serious blockage was forming in his heart's largest artery, which is sometimes called a "widowmaker" because a blockage there often leads to a fatal heart attack. It was not until he began suffering from intense heartburn on his right side that Mr. Chenoweth realized something was wrong.

"One day I was at home in the morning and I thought, 'This pain is so intense, I couldn't drive myself to the hospital if I wanted to,'" Mr. Chenoweth said. "I had to call an ambulance, and when I got to the hospital they said, 'You're having a heart episode and we need to stabilize you.' They ordered an angiogram and found a blockage in the largest artery in my heart."

When Mr. Chenoweth began learning more about bypass heart surgery, he was told he could be home in about five days: "I thought, 'I can get through this,'" he said. But once surgeons opened Mr. Chenoweth up, the complications started. A three-hour surgery turned into a seven-hour surgery, including two instances in which Mr. Chenoweth died on the operating table and was brought back. The complications were so serious that doctors resorted to placing Mr. Chenoweth in a medication-induced coma for three weeks to ensure he had a strong start at recovery.

"It was pretty wild – I woke up strapped down. I had a tracheotomy, so I couldn't speak. I thought, 'This is untenable,'" Mr. Chenoweth said. But Mr. Chenoweth soon learned that his Medicaid coverage was paying for life-saving care that included 40 days in the intensive care unit and then two weeks in a rehabilitation center where he worked to gain back the strength he lost during his coma.

"I was still very weak. I would basically have to crawl into my house," Mr. Chenoweth said. "Slowly but surely, though, I've been healing. I'm still trying to get back into the workforce and I'd like to get back to work, but it's difficult with my transportation problems."

Medicaid has continued to be a safety net for Mr. Chenoweth. His coverage includes transportation to doctor appointments, and he's now being treated for type 2 diabetes, hypertension, and metabolic syndrome.

"If you're a single male under age 65 in a lot of the South and you're not earning much money, it's nearly impossible to have healthcare coverage like we have in Louisiana," Mr. Chenoweth said. "I really laud Governor Edwards for rescuing us from the dark ages. I basically got perfect care, the interaction with caregivers, their competency, booking appointments – the quality of care has been excellent."

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## My Choice Louisiana helps woman get her health and life back

Family had always been a big part of Norma Dunnaway's life in New Orleans, but as her substance use problem worsened, her two brothers and sister were becoming more alarmed about her future.

When Ms. Dunnaway was found wandering the streets of her neighborhood, her family knew something had to be done. But with limited time and resources and without the expertise to oversee substance use disorder treatment, Ms. Dunnaway's family felt they had no choice but to put their sister in a nursing home – a situation that was not ideal, but one the family saw as essential to safeguard her health and safety.

Once Ms. Dunnaway was safely in a nursing home, her family learned about My Choice Louisiana. The My Choice Louisiana program was created in response to a U.S. Department of Justice review that found Louisiana was over-relying on nursing facilities to serve people with severe mental illness. Ms. Dunnaway's mental health issues stemmed from both substance use and from five strokes she suffered that causes serious memory problems.

Louisiana agreed to transition people like Ms. Dunnaway who were placed in nursing homes but could live within their communities with supports into a model called Permanent Supportive Housing (PSH), which provides rental assistance and services to former nursing home residents who are able to live independently in their communities. The My Choice Louisiana program has served 506 Louisiana residents since the program's inception in 2018. PSH currently serves 3,850 Louisiana residents, and is highly successful, with a 94% retention rate.

LDH's OAAS helped Ms. Dunnaway and her family apply for the program, and Ms. Dunnaway first transitioned out of the nursing facility into an apartment in 2021. However, an early assessment of Ms. Dunnaway's ability to live independently meant she did not qualify for in-home services, and she had to return to the nursing home.

Ms. Dunnaway's OAAS case manager, LaShawn DeLee, was able to get Ms. Dunnaway a new assessment that took her initial challenges into account, and Ms. Dunnaway was approved for 31 hours of in-home services weekly. Ms. DeLee was able to work with Ms. Dunnaway's family members find a rental unit next door to her brother in New Orleans' Ninth Ward, allowing her brother to spend time with Ms. Dunnaway in the evenings after work.

The services Ms. DeLee was able to arrange include helping Ms. Dunnaway bathe each morning, help her get dressed, light housework and help preparing meals. She also gets help ensuring bills are paid, including her portion of the rent. Now Ms. Dunnaway is able to attend family birthday parties and other family events and she attends church weekly. Ms. Dunnaway's also achieved her dream of going on a cruise: Her sister promised her that if she could make her new housing arrangement work, the two would go on a cruise together.

"Her sister, Ms. Kim, said this program was heaven-sent," Ms. DeLee said. "To see where she started – she just did a total 180. Ms. Kim said, 'This program was truly a blessing.'"

## After surviving opioid overdose, woman becomes navigator to save others' lives

After Christy Couvillier lost her 22-year-old son, Hunter Clemons, to a fatal fentanyl overdose in February 2022, she resolved to always point to the tragedy of her son's death as a warning to others.

"If you look up his obituary, it's everywhere on the internet," and it details her son's battle with opioid use disorder, Ms. Couvillier. "I wanted everyone to be at his funeral so they could see that this is something that could happen to them."

More than 1,000 Louisiana residents died of fentanyl overdoses in 2022 alone, adding to a death toll that has steadily risen as prescription opioids, counterfeit pills and illicit substances have flooded Louisiana communities over the past several years. In 2016, Ms. Couvillier nearly suffered the same fate as her son and thousands of other Louisiana residents when she also overdosed on fentanyl.

After waking up in the back of an ambulance with an EMT screaming at her about saving her life, Ms. Couvillier resolved to get substance use treatment and has been successfully in recovery ever since. In January 2023, Ms. Couvillier became an Emergency Department Navigator, going to emergency departments after a near-fatal opioid overdose to offer services, a path to treatment and hope that a person can overcome their substance use disorder.

Of the 40 overdoses Ms. Couvillier has responded to at the hospital, only one victim has refused any assistance from Ms. Couvillier. Many do not take Ms. Couvillier up on her offers of assistance when they are in the hospital, but she always follows up with them and is able to provide some level of support, even if it's not a path to recovery right off the bat.

"They don't usually wake up from an overdose and say, 'I want to go to treatment,'" Ms. Couvillier said. "I just try to make them feel human more than anything. Usually they're in a really, really dark place. Getting them to trust me isn't any kind of magical thing. I have tattoos and piercings. I come in regular street clothes, usually in the middle of the night looking like I just woke up. I say, 'I don't work for the hospital and I've been an addict umpteen times.'"

Couvillier's Navigator position is based on a program that started in the Lake Charles area. Called Louisiana Bridge, the Lake Charles Office of Public Health and Imperial Calcasieu Human Service Authority staff modeled their effort on a successful program in California that uses emergency departments (EDs) as critical intervention points. In Lake Charles, regional OPH staff and the local human services district identify "clinical champions" in local EDs who help make Navigators part of the protocol in responding to opioid overdose victims. Navigators also identify opportunities for systems changes at the ED level to make harm reduction and stigma reduction the norm.

Lake Charles-area Regional Opioid Coordinator Melissa Stainback said that about 70% of overdose victims connected with the Substance Use Navigator are linked post ED visit to substance use providers and close to 100% leave the ED with Narcan and links to harm reduction resources.

While a path to recovery is one service offered, Ms. Couvillier said that in her experience, stabilizing a substance user's turbulent circumstances first can often be the turning point.

"If they're living in their car and you can help them get housing, you're more likely to get them into recovery," Ms. Couvillier said. Often when she follows up with an overdose victim, her first questions are, "Do you have food?" or "Do you have transportation?" If a person with substance use disorder does not have transportation, it is going to be difficult for them to get to treatment without assistance. Recently, Ms. Couvillier helped a client fill up his gas tank so he could make it to his doctor's appointment for suboxone, a common medication for opioid use disorder.

Ms. Couvillier's close ties to the recovery community have also meant she has saved lives herself. She always carries naloxone, also known as Narcan, which she obtained for free from OPH opioid outreach events even before she became a Navigator. One evening, after leaving a Narcotics Anonymous (NA) meeting, she got a frantic call from someone she knew from NA asking if she had Narcan with her.

Ms. Couvillier rushed to meet the woman in a nearby pizza delivery business parking lot and found a man passed out behind a dumpster. After several doses of Narcan, the man regained consciousness, was treated at a nearby hospital, and is now successfully in recovery. In another instance, Ms. Couvillier revived a young man one night who was left alone by his friends in the parking lot of a high school after they called Ms. Couvillier, telling her they feared facing legal consequences if they called 911.

Ms. Couvillier sees the Navigator program and the wider availability of naloxone as a life-saving culture change from the way substance use was approached when she overdosed just six years ago. There is much more work to do, Ms. Couvillier said, but treating substance users with compassion and giving hope is making all the difference.

"When I was in the hospital from the overdose, no one was being intentional and I was not presented with compassion or resources," Ms. Couvillier said. "I was told, 'If you don't stop getting high, you're going to die. But no one offered me a solution.'"

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*“Treating substance users with compassion and giving hope is making all the difference”*



# BY THE NUMBERS

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## Medicaid expansion impact *(as of April 3, 2023)*

### Adults Enrolled

**777,334**

Adults who visited a doctor and received new patient or preventive healthcare services thanks to Medicaid expansion: **660,502**

Women who have received breast cancer screening or diagnostic breast imaging: **140,437**

Women diagnosed with breast cancer as a result of this imaging: **2,040**

Adults who received colon cancer screening: **93,094**

Adults with colon polyps removed, which can prevent colon cancer in the future: **28,428**

Adults newly diagnosed and now treated for diabetes: **44,858**

### Uninsured Rate for Adults



Adults newly diagnosed and now treated for hypertension: **116,115**

Adults receiving specialized outpatient mental health services: **196,184**

Adults receiving inpatient mental health services at a psychiatric facility: **55,513**

Adults receiving specialized substance use outpatient services: **38,246**

Adults receiving specialized substance use residential services: **43,764**

Adults receiving medication-assisted treatment (MAT) for opioid use disorder: **41,230**

## OPH

### Bureau of Family Health

- Hospitals engaged with LaPQC since 2018: Began with 31; now all birthing facilities in Louisiana are engaged in at least one LaPQC initiative
- Hospitals engaged in the LaPQC Safe Births Initiative (SBI): 43 of 47 campuses
- Hospitals receiving LaPQC Gift breastfeeding designation: In 2018, 37 campuses; currently 42 of 47 campuses
- Hospitals receiving LaPQC Birth Ready designation: 32 of 47 campuses (nine were awarded Birth Ready+)

### Regional & Clinical Operations

- Unique persons seen in parish health units since 2016: 448,508

### Engineering

- Loans closed via Drinking Water Revolving Loan Fund: 66 loans totaling \$218,646,240 (since 2016)
- Drinking water projects funded via LDH and Water Sector Commission: 145 projects totaling \$452 million (since 2021)

### Bureau of Infectious Diseases

- Reduction in the number of tuberculosis cases in Louisiana: 26% (2016-2022), bringing us below the national case rate
  - 2022 Louisiana tuberculosis case rate: 1.9 per 100,000
  - 2022 tuberculosis case rate: 2.5 per 100,000
- Louisiana teens ages 13-17 considered up to date on their HPV vaccination series: 63.9% (2021); national average: 61.7%
- Reduction in the number of people in Louisiana newly diagnosed with HIV: 36% since 2014 (1204 cases in 2014, 888 cases in 2022)
- People newly engaged in hep C treatment after the start of the subscription model (enrolled in Medicaid or within Department of Corrections): 13,967 since July 2019

### Sanitarian Services

- Inspections of restaurants, grocery stores, bars, schools, daycares, providers, and jails/detention centers: 638,890

## OAAS

Total number of residents served: 15,992 as of May 2023 (not unduplicated)

## OCCD

Annual number of waiver individuals receiving paid services (unduplicated)

FY20 — 13,268

FY21 — 13,154

FY22 — 13,323

FY23 — 13,807

## OBH

- Calls from Louisiana residents to 988 since inception (July 2022): 26,000+
- Grant-funded naloxone kits distributed September 1, 2016-April 30, 2023: 97,316
- Grant-funded fentanyl testing strips distributed since legalization (July 2022): 6,833

## Social Media

- **Twitter:** 444.6% growth (added 21,600 followers since 2017)
- **Facebook:** 97,000 followers
- **Instagram:** LDH created an Instagram account in April 2018 and first posted in June 2018; however, it was focused on a single campaign, "Fight the Bite." LDH finally made it an official LDH communication channel in September 2019. We currently have 9,055 followers; our total reach from 2020 to present is 1,007,829.
- **YouTube:** 1.7 million views since LDH channel was created in 2019

**Total # of LDH bills passed by the legislature:** 38

**Total # of LDH Emergency Rules, Notices or Intents, Items of Potpourri and Final Rules published**

- 2016: 286
- 2017: 259
- 2018: 53
- 2019: 115
- 2020: 82
- 2021: 96
- 2022: 96
- 2023: 160
- Total # of rural hospitals closed: 0
- FY22-23 LDH Business Plan
- 246 (95%) of deliverables completed
- 37 (88%) of our goals achieved





**Office of the Governor**  
**JOHN BEL EDWARDS**  
2016–2024